

ISLAND COUNTY MENTOR PROGRAM

Mentee Application

Please use blue or black ink when completing. Thank you!

Please mail to:

Juvenile & Family Court Services
PO Box 5000
ATTN: Matt Webster
Coupeville, WA 98239

Email: m.webster@co.island.wa.us
Phone: 360.678.7927

Date of application: _____

Contact Information

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: (mm/dd/yyyy) _____ Gender: ☐ Female ☐ Male

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Current Home Address: _____

City: _____ State: _____ Zip: _____

What is the best way to contact you regarding Mentor Program events?

☐ Email ☐ Phone ☐ Text

How did you hear about the Mentor Program? _____

Why would you like to be assigned a Mentor? _____

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What type of activities do you like to do in your spare time? _____

Please list any of your hobbies/interests that would help us to better match you with a mentor:

What types of activities would you like to do with your mentor? _____

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What types of activities are you interested in, but have never done before? _____

Who do you look up to, or think of as a role model? _____

How would you describe yourself to a new person? _____
